

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023024 ✓

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

2912

STATE FILE NUMBER

FILED JUN 21 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 60 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If outside, give location) 5228 HARDESTY AVENUE	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH FLETCHER		4. DATE OF DEATH Month Day Year MAY 31st 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARTNER		11. BIRTHPLACE (City and state or country) MOBILE, ALABAMA	
13a. FATHER'S NAME JOHN FLETCHER		14. NAME OF HUSBAND OR WIFE MRS. CLARA LOUISE FLETCHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT CLARA LOUISE FLETCHER KANSAS CITY, MO		Address 5228 HARDESTY	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Weeks</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Nephrosclerosis and pyelonephritis unknown</i>		DUE TO (c) <i>Vesicle neck obstruction + prostatic hypertrophy</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>coronary insufficiency</i>		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>5-30-62</i> to <i>5-31-62</i> and last saw him alive on <i>5-31-62</i> Death occurred at <i>6:30 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M.S. Steinberg</i> (Type or print)		22b. ADDRESS <i>926 E. 11th St., K.C. Mo.</i>	
22c. DATE SIGNED <i>6/1/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 4, '62	23c. LOCATION (City, town, or county) STATE MEMORIAL PARK CEMETERY KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR <i>1331 Brush Creek Blvd.</i> <i>D. W. Newcomer's Sons Kansas City Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-1-62</i>	
		26. REGISTRAR'S SIGNATURE <i>Ruth H Long</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Chasen P. Williams
Veterans Hospital - 926 East 11th Street
1:00 P.M. 5.00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norm Lawler

Licensed Embalmer No. 4915

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.